

Rapid Access Team Pharmacist: A New Role

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Background

In 2013, three existing community services joined together under the banner of the Rapid Access Team. This included the REDs (therapists) and two nurse-led teams; Rapid Response (admission avoidance) and Post Acute Care Enablement (PACE: facilitate early hospital discharge)¹.

The Rapid Access Team had been experiencing an increasing number of medicines-related issues, in particular post discharge.

A part-time pharmacist (18.75 hrs) was recruited to support the nurses and therapists with these medicines-related issues, as well as lead on medicines optimisation.

Pharmacist Referral Process

- A pilot was undertaken using a paper referral form, based on the principles of the PREVENT tool². This was revised after feedback
- More referrals were generated face to face or via email. The paper referral form was no longer used
- A white board space was allocated in addition for pharmacist referrals and served as a visual cue for handovers
- A separate pharmacist caseload was later generated on SystmOne, allowing electronic referrals to be made during the week
- Three key priority areas were identified for referrals:
 1. high risk/critical medicines
 2. difficulty taking medicines
 3. other medicines issues e.g. excess medications in home

Example of a Complex Case

- 59 yr old female patient. PMH: IHD (MI 2007), paranoid schizophrenia (PS), COPD, T2DM, Spinal degeneration/OA, TIA x2, DSH, anaemia, BMI 33. Recent admission due to SOB and bilateral leg swelling
- Pharmacist referral: concerns about long-standing polypharmacy and excess medications at home. Visited patient six times and made twelve phone contacts, over six months
- Prescribed 29 regular medications, including multiple analgesics and NRT. Not currently on treatment for paranoid schizophrenia
- Key interventions (initial visit): medicines reconciliation, medicines review, assessing excess medicines and segregating for disposal via community pharmacy
- Further interventions: reviewed historical one week dispensing and initiated monthly patient packs. Retained weekly dispensing of morphine sulphate solution
- Undertook a joint medication review at home with GP. Four medicines were stopped. Referral made to community heart failure and pain team
- Home visits continued to support smoking cessation, using motivational interviewing and collaborating with community specialists
- Alerted GP and mental health teams, as I identified symptoms of paranoid schizophrenia emerging. Diagnosis was confirmed

Key responsibilities & achievements

- Domiciliary visits and phone consultations to support a variety of patients
- Liaising with the acute Trust pharmacy team to improve communication and follow-up on incidents
- Co-wrote an anticoagulation SOP, to enable better management of patients seen by our team in the community
- Undertook a course in Motivational Interviewing to support medicines adherence and smoking cessation
- Leading on investigating medicines-related incidents
- Sharing quarterly medicines incident reports with team
- Set up and teaching on a monthly CPD programme for the MDT. Topics include dementia, anticoagulation, smoking cessation
- Falls group medicines education



Vision Going Forward

- Streamline the referral process further, to generate more referrals especially on non-working days
- Review caseload for last 6-12 months and analyse for admissions avoidance and reduced harm from medication issues
- Lead on the development of a collaborative approach to enable the administration of first dose IV antibiotics in the community
- Undertake the independent prescriber course to benefit our patients
- Support the team to publish a complex case managed successfully in the community
- Contribute to the evidence-base for the role of a Rapid Access Team pharmacist

Referrals to Pharmacist



- 1) High-risk/critical medications?
Eg. anticoags, insulin, IV antibiotics?
- 2) Difficulty taking/managing meds?
Eg. Memory, physical issue?
- 3) Any other meds issue?
Eg. Suspect side-effect, over-use, excess meds?



* Please make a brief notes entry & direct referral into the Syst1 Pharmacist caseload. Contact gurdeep.major@nhs.net

References & Acknowledgements

- 1) **National Service Framework: Older People (2001)**. Accessed online on 5th June via: <https://www.gov.uk/government/publications/quality-standards-for-care-services-for-older-people>
- 2) **Medicines related admissions: You can identify patients to stop that happening**. Nina Barnett et al, 2001. Accessed online on 25th May via: <http://www.pharmaceutical-journal.com/learning/learning-article/medicines-related-admissions-you-can-identify-patients-to-stop-that-happening/11073473.article>

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